



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket No. (Optional)</b> 36749-200650	
In re Application of      Geoffrey P. Dobson			
Application Number 09/937,181		Filed January 10, 2002	
For:      ORGAN ARREST, PROTECTION AND PRESERVATION			
Art Unit      1651		Examiner      R. A. Davis	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |                |
|---|----------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$ _____       |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$ _____       |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)); a one month extension of time was paid on March 19, 2004. | \$      840.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$ _____       |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$ _____       |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$      420.00

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      22-0261

I have enclosed a duplicate copy of this sheet.

- I am the
- ☐ applicant/inventor.
  - ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
  - ☐ attorney or agent of record. Registration Number \_\_\_\_\_
  - ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a)      31,967

\_\_\_\_\_  
June 15, 2004  
Date

\_\_\_\_\_  
(202) 344-4000  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Michael A. Gollin  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> Total of      1      forms are submitted.
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